

(Your Facility Name)

Emergency Management Plan

(Your Facility Name) Approval and Implementation

This plan is hereby approved for implementation and supersedes all previous editions.

Facility Administrator

Date

Long Term Care Regulatory Program Manager
(Indicates coordination and receipt)

Date

Record of Changes

[illegible]

When this plan is updated pull out the portion being updated and insert new changes. Save old versions so they can be viewed if ever questioned.

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(Your Facility Name)

Emergency Management Plan

I. AUTHORITY

The authority in which the facility is allowed to operate.

An example would be: Nursing Homes, Wisconsin State Statutes-Chapter HFS 132

You may currently have another Statute listed and that is what was in place when your documents were drafted. Statutes can be amended or repealed. Consult with your attorney for the proper statute for your facility.

II. PURPOSE

- A. The purpose of this plan is to provide general guidelines for mitigation of and response to natural, technological and manmade hazards (see attachment 1) that endanger the residents and staff of **(Your Facility Name)**. Specific guidelines, procedures and instructions are contained in facility plans and standard operating procedures.
- B. This plan describes how **(Your Facility Name)** mitigates, prepares for, responds to and recovers from the effects of an emergency or disaster¹. It also addresses services and resources that can be, may be or cannot be provided in certain situations.
- C. This plan outlines methods for assisting the residents and staff of **(Your Facility Name)** to mitigate and deal with the effects of disasters.
- D. This document identifies **(Your Facility Name)** resources in one of three categories.
 - 1. Resources that are dedicated for use by the agency and not available to other facilities.

Examples: specialty equipment for a particular resident that cannot be shared. Equipment that cannot be moved.

Insert any resources that you have and cannot share with anyone else.

2. Resources that may or will be available to other facilities.

If conditions exist that certain resources can be shared with others.

Examples: Transportation Vehicles, Lifting equipment to name a few.

3. Resources that might be needed that are not readily available within the facility (projected unmet needs).

Examples: Back –up generator, food and water, medical supplies, etc.

III. SCOPE

This plan is applicable in all emergency situations affecting the residents and staff of **(Your Facility Name)**.

IV. SITUATION AND ASSUMPTIONS

A. SITUATION

1. **(Your Facility Name)** is located in the city of _____ in Fond du Lac County. The city/county has experienced a variety of emergencies and disasters. An analysis of emergencies and disasters that have the potential to affect this facility is located in Attachment 1 to this document.

Identify those hazards that can affect your facility.

2. Residents and staff of **(Your Facility Name)** are at risk from hazards that have the potential for causing extensive loss of life, and damage to property and the environment. Additionally, some disaster increases the likelihood of and potential for a number of health and medical issues.
3. Prolonged or catastrophic events cause widespread disruption of day-to-day life and have an adverse impact on those affected by these events.

Events that do not allow normal routines to be continued are sometimes very difficult for residents to deal with. Attempts to maintain as much of the normal routine will lessen the impact.

4. **(Your Facility Name)** has no ability to control conditions. However, the facility must be prepared to address and provide comprehensive information on how disasters directly impact residents and staff and be able to ensure immediate action on behalf of those most severely affected.

Communication during disaster events is critical.

B. ASSUMPTIONS *(situations that are likely to happen)*

1. **(Your Facility Name)** will implement appropriate and prudent agency plans and procedures when threatened by potential or actual disasters.
2. During emergencies, residents of **(Your Facility Name)** may experience numerous health problems. Many of these problems are attributable to pre-

existing medical conditions complicated by the emergency. Other problems arise as a direct result of the event.

3. The increased number of residents (and staff) needing medical help may burden the health and medical infrastructure. This increase in demand may require city, county and/or state-level assistance.
4. A catastrophic event may cause such widespread damage that the existing internal response capability is curtailed or destroyed.
5. Lack of potable water will increase health and sanitation problems. Disease outbreaks can spread quickly, especially among the medically fragile and other at-risk populations.
6. Proper sanitation may become a major problem if water supplies are gone or contaminated. Water treatment and wastewater treatment facilities may be hampered by any reduced water flow. Wells may become contaminated with silt and bacteria. Private sewage systems will not function properly.
7. Some disasters may affect electrical generation and distribution systems, causing a reduction or loss of power. This may reduce or disable our agency's ability to provide emergency life-saving services to our residents.
8. During some emergencies, it may be necessary to evacuate residents and staff from the affected area. Adequate medical mass transportation and/or shelter may not be available.

V. CONCEPT OF OPERATIONS

A. BACKGROUND

1. The concept of operations outlined in this plan presumes a severe, prolonged emergency is occurring or is imminent. Implementation of procedures will begin as soon as practical after the event is predicted or occurs. Mitigation efforts will be practiced on a year-round basis with emphasis on awareness and local preparedness. Staff involvement in planning, training and exercising is essential. *Efforts to correct, eliminate issues with continual familiarization will help using this plan to become second nature.*
2. Staff efforts in awareness, alerts and notification, preventive measures and local responses are critical aspects of the overall strategy. Efforts will be made to foster individual involvement and to promote the idea of **“neighbors helping neighbors”** within the facility. Effective facility-wide participation by administration, health and medical professionals, other staff, volunteers, outside health and medical providers and city/county emergency management must be cultivated and sustained to ensure maximum protection of the residents and staff. *Every staff member taking an interest and active roll.*
3. Mitigation and response actions will vary according to the specific conditions. Generally, these actions will follow a phase in process based on the type of emergency. Four **recommended** readiness levels **may** be implemented as follows. (Also refer to the facility procedure manual for additional information.)

READINESS LEVELS

Level 4 – Normal Conditions. During normal conditions, primary emphasis will focus on awareness and readiness (planning, information, training and exercising). The administration will provide emergency education and information to the staff. In addition, staff should complete training that is germane to applicable response activities. It is also strongly recommended the facility conduct at least one annual exercise that includes testing disaster response. *Everyone has different responsibilities and should be trained to match those responsibilities.*

Level 3 – Increased Readiness. When a disaster is foreseen, such as severe weather, activities will focus on warning people who will be potentially endangered. (Your Facility Name) will encourage staff to emphasize “neighbors helping neighbors” efforts. Appropriate mitigation and preparedness actions should be initiated during this level. *This includes raising the level of awareness and starting to take steps needed to protect and react to the potential threat.*

Level 2 – High Readiness. When an emergency is imminent, all applicable protective action plans and procedures should be activated. This includes implementing alert and notification procedures throughout the agency. A network should be in place for reporting on-going events and assessing current factors and resources. *Now you have a threat that is real and you need to act accordingly. Practicing and training will have you prepared to activate your plan and start communicating.*

Level 1 – Maximum Readiness. During an actual occurrence, (Your Facility Name) will implement actions to accomplish task assignments in accordance with applicable operational procedures. If the scope of the emergency expands to the point that all internal response assets have been committed, the applicable agency will be contacted (in the order provided) to request assistance. *You are now there, the threat has happened and now you have to deal with it. Take the necessary steps to get tasks started and should the work be greater than you can handle don't be afraid to call for assistance.*

1. Local fire, police or other applicable agency

For Emergency Responding Agencies such as fire, law and EMS dial 911. List other non-emergency contacts such as suppliers of goods and services.

2. The County of Fond du Lac Emergency Management Department.
160 S Macy Street, Fond du Lac, WI 54935 920-929-2911

Emergency Management can contact and organize resources for your use. When the event becomes large enough to require outside resources such as other than what you have available it's time to contact EM.

VI. ORGANIZATIONAL INFORMATION, CAPABILITIES AND RESOURCES

A. MISSION STATEMENT

An example: Facility Name, is committed to protecting the health and safety of its residents, visitors, and staff during normal operations as well as during emergency situations. Facility Name has developed this Emergency Response Manual to provide its employees with the proper procedures for either an internal or external disaster. The nature of natural disasters and catastrophic accidents is variable and often difficult to predict. With this in mind, Facility Name is dedicated to ensuring that the Center is capable of responding in a rapid, effective manner to natural disasters as well as man-made emergencies (e.g. spills). This is accomplished by performing risk assessments, updating and maintaining the Center's Emergency Response Manual, employee and resident information and training, and evaluating the center's response capabilities through periodic exercise scenarios.

B. FUNCTIONAL ELEMENTS

Examples of the following functional elements are located in the accompanying guidance document.

1. Direction and Control

An example: Facility Name uses a centralized system of direction and control. Information is gathered from a number of sources including personal observation, the National Weather Service, the news media, internet, the Emergency Alert System (EAS), and the City/County Emergency Management Directors. Information is analyzed by the facility's manager and assistant with final decision being made by the manager.

2. *Warning*

Means of warning such as: Face to Face, Intercom, Land Line Phone, Cell Phone. Any staff member should be able to give a warning.

3. *Communications*

Same methods as mentioned above.

Land line and cell phones should be used to contact 911.

4. *Shelter/Mass Care*

Shelter in place- staying within current structure to maintain care and taking steps to seal building from outside threats. Threats can be airborne chemicals to physical threats trying to enter the building. Be sure to have sufficient food, medical supplies and water on hand.

5. *Evacuation*

Should the order for an evacuation be given of the facility contact 911 to inform them of your needs. They will pass that information along to the proper authorities which will respond to assist you. Should the event grow to the size where considerable resources are needed the County Emergency Operations Center can be opened to contact resources and coordinate efforts. Your plan should include details as to how, when, where and who is going to move residents. What needs to go along with them.

6. *Transportation*

With a smaller disaster that you can move people without the assistance of other agencies spell out how you would do that. As in the evacuation portion of this plan large scale events that require outside resources should be coordinated through the Emergency Management Office at the Emergency Operations Center.

7. *Health and Medical*

Include information that detail what steps need to be taken to maintain the health and medical treatment of the Residents. Any supplies that can be taken along without causing complications.

8. *Resource Management*

List items that you can gather to take along such as beds and linens, food and water, non-essential medical supplies, Wheelchairs. With these items also list who is responsible for gathering them and transporting them to the alternate site. List all of the suppliers you work with.

VII. DEVELOPMENT AND MAINTENANCE

A. DEVELOPMENT

1. This plan is designed to identify a range of actions to be taken to support **(Your Facility Name)** and coordinate assistance to residents and staff when events present an increase in demand for health and medical services. It provides general guidance for effectively managing response activities before, during and following the event. It identifies health and medical resources that may or may not be available.
2. This plan is based on certain assumptions and the existence of specific resources and capabilities that are subject to change. A great deal of flexibility is built into this plan. Some variations in the implementation of the concepts identified in this plan may be necessary to protect the health and safety of residents and staff.

B. MAINTENANCE

(Your Facility Name) will review and, if necessary, update this plan at least once per year. Revisions will reflect changes in procedures, improved methods, changes in availability of resources and corrections of any deficiencies or omission.

This plan was coordinated with the local Emergency Management Department. A copy of this plan is on file in the Emergency Management office.

ATTACHMENTS

Here are some examples

Attachment 1 – ((Your Facility Name)) Hazard Analysis

[illegible]

Attachment 2 – ((Your Facility Name)) Resources and Unmet Needs

The following resource management chart identifies the current (Your Facility Name) resource situation.

Resource	Status *	Comments
Beds and linens		
Non-essential medical supplies	S	<i>(example) First aid kits with basic components. (you can list the contents here)</i>
Emergency medical		
Transportation		
Fuel		
Communications equipment		
Vaccinations & inoculations		
Fans & heaters		
Wheelchairs		
Personnel		
Oxygen		
Drugs		
Food & water		
Blood & blood products		
Portable generators		

* Y - Sufficient resource on hand for at least 72 hours after disasterS - Resource on hand and will share if not needed

M - Resource on hand and may share depending on situation... U - Unmet need; depending on other sources for supply

Attachment 3 – ((Your Facility Name)) Agency Phone Numbers

(Examples)

[illegible]

Attachment 4 –(Your Facility Name) Procedures

(Examples)

In the event of an emergency _____ will do the following.

Current policy for:

- *Contacting 911*
- *Alerting Staff and Patients/Residents*
- *Moving Patients/Residents to a safe area within facility*
- *Maintaining supplies including medical, food and water*
- *Maintaining electrical supply- such as back up generator*
- *Rotating staff for prolonged event*
- *Movement away from the facility(relocation of residents) Ambulatory*
- *Having an Memorandum of Understanding with another facility*
- *Transporting residents*

(Your Facility Name) Layout Map

(Examples)

Should include floor plan with:

- ***Main electrical shut off***
- ***Mark all exits***
- ***Fire Alarm Pull Stations***
- ***Extinguishers***
- ***Evacuation routes***
- ***Fire doors***
- ***Gas shut-off***
- ***Identify rooms such as Kitchen, Baths, Laundry, Maintenance, Residents rooms and other important rooms.***